



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

HISTORICAL PRESERVATION & HERITAGE COMMISSION

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HISTORIC PRESERVATION INVESTMENT TAX CREDIT

PART 3 Application: Request for Certification of Completed Rehabilitation

(Complete this form *in addition to* the Federal form)

[Application Number (Office use only) _____]

Name of property _____

Street address of property _____

City _____ State _____ Zip code _____

Name of Project Contact Person _____

Mailing Street address _____

City _____ State _____ Zip code _____

Daytime telephone _____ E-mail _____

Historic Certification: Has a Part 1 Approval been issued for this project?

Yes _____ No _____ If yes, date of Part 1 Certificate _____

(If the property received a preliminary historic certification, has the property been listed in the National Register or State Register? No _____ Yes _____ Date of listing: _____)

Tax Exempt Property: Under the provisions of RI General Laws 44-3-3, is this property exempt from payment of real property taxes? No _____ Yes _____

Phased Projects: Is this a sixty (60) month phased project? No _____ Yes _____

(If yes, attach a description how the completed work is consistent with the phasing schedule that was submitted with the approved Part 2 application.)

(This Form is continued on page 2)

Fee: Is payment of the balance of the project review fee enclosed? Yes____ No____
(Check or money order should be made out to RI Historical Preservation & Heritage Commission. Write Social Security number or Taxpayer ID number and address of the property on the check.)

Cost Certification: Is certification attached by a Certified Public Accountant licensed in the State of Rhode Island? Yes____ No____

- attesting to the adjusted basis of the building at the beginning of the rehabilitation
- attesting to the actual amount of Qualified Rehabilitation Expenditures
- attesting to the amount of project costs incurred but not eligible for the tax credit
- attesting that the Substantial Rehabilitation Test has been met

Qualified Rehabilitation Expenditures: Amount claimed \$_____

Placed in Service Date _____

Person or Entity that Incurred Qualified Rehabilitation Expenditures _____

Social Security Number or Taxpayer Identification Number _____

Mailing Street Address _____

City _____ State _____ Zip Code _____

Under penalty of perjury, I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

Signature of Applicant Date

List names, addresses, and Taxpayer Identification Numbers of all persons for whom an Assignable Historic Preservation Investment Tax Credit Certificate is requested, and the Percentage of the total approved Credit to be allocated to each (attach additional page).

Name	Address	Taxpayer ID Number	Percentage Interest in Total Credit Allocated

(If the Qualified Rehabilitation Expenditures were incurred by a partnership, limited liability company, S-corporation, or other pass-through entity, attach a copy of the agreement among the owners of the entity regarding the method of the allocation of State Historic Preservation Investment Tax Credits among such owners (the "Allocation Agreement"). If the Allocation Agreement does not specify any method for allocation of the Historic Preservation Investment Tax Credit among the owners, the Commission will issue Assignable Historic Preservation Investment Tax Credit Certificates to each owner in proportion to the number of owners of the pass-through entity.)

If the rehabilitation expenditures are to be incurred by a lessee or anyone other than the fee owner, provide the following information:

Owner's Name _____

Mailing Street Address _____

City _____ State _____ Zip Code _____

Under penalty of perjury, I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

Signature of Owner

Date

Restrictive Covenant Attach a copy of the Declaration of Restrictive Covenants form provided by the RIHPHC executed by the fee owner of the property. The RIHPHC will sign and return the executed copy to the Applicant for recording. Upon receipt of a certified copy of the recorded Declaration of Restrictive Covenants, the RIHPHC will issue the Historic Preservation Investment Tax Credit Certificate(s).

(This Form is continued on page 4)

[Application Number (Office use only) _____]

Street address of property _____

SUPPLEMENTARY INFORMATION QUESTIONNAIRE

The Rhode Island Historic Preservation Investment Tax Credit was created to stimulate economic development as well as to preserve historic buildings. By providing the following information, you can assist us in tracking and evaluating the success of this program. If precise numbers are not readily available, provide estimates. Thank you.

1. How many construction jobs were created by this project?

How many (or percent) of these jobs went to minorities or women?

What was the total cost of construction labor?

How many permanent jobs will be located in the rehabbed building?

2. What was the use of the property *BEFORE* rehabilitation?

What was the use of the property *AFTER* rehabilitation?

3. If the property is used for housing, how many housing units were rehabilitated?

How many of these units are reserved for low/moderate income tenants?

4. How much in Rhode Island sales tax did this project pay?

5. What was the property tax assessment on the property *before* the project?

What is the property tax assessment on the *completed* project?
(If there is an agreement to phase-in a tax increase, state the final assessment.)